

Form Approved
OMB No. 0704-0267
Expires Mar 31, 2001

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.
RETURN COMPLETED FORM TO YOUR CONTRACTING OFFICIAL.**

1. CONTRACTOR NAME		2. CONTRACTOR ADDRESS	
3. BUSINESS UNIT			
4. RFP/CONTRACT PIIN NUMBER		5. PERFORMANCE PERIOD	
6. DISTRIBUTION OF FACILITIES CAPITAL COST OF MONEY			
POOL a.	ALLOCATION BASE b.	FACILITIES CAPITAL COST OF MONEY c.	
		FACTOR (1)	AMOUNT (2)
d. TOTAL			
e. TREASURY RATE			%
f. FACILITIES CAPITAL EMPLOYED (TOTAL DIVIDED BY TREASURY RATE)			
7. DISTRIBUTION OF FACILITIES CAPITAL EMPLOYED			
	PERCENTAGE a.	AMOUNT b.	
(1) LAND	%		
(2) BUILDINGS	%		
(3) EQUIPMENT	%		
(4) FACILITIES CAPITAL EMPLOYED	100%		